U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 110633	2. Fiscal Year Covered From
	1 / 1 / 2 04 Through: 12 / 31 / 2004
3. Name and address of person filing	4 Name, file number, and acdress of labor organization.
Name Henry N Rodriguez	Name Southern Calitornia Dist Council of Laborers
	Labor Organization File Number 029-790
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4399 Santa Anita Avenue, Ste 201	Street 4399 Santa Enta Avenue, Ste 204
City El Monte	City El Monte
State California ZiP Coce + 4 91731	State California ZIP Code + 4 91731
5. Position in labor organization. Field Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including	trade name, if any)	7.a. Nature of Interest, Transaction, or Income.
Name None		Nothing to Report
Trade Name, if any:		
P.O Box, Bldg , Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

## Signature

15. Signature and verification. The undersigned declares, under pusubmitted in this report (including the information contained in any accuracy undersigned's knowledge and belief, true, correct, and complete. (See	companying docur	nents), has been exa	rn ned by the signatory and is, to the best of the
Signed Signed	On	08-12-2305	626-350-6900
		Date	Telephone Number

Name of Person Filing Henry Rodriguez	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the bus ness rely seeking to represent or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Associated Third Party Administrators  Trade Name, if any:	9. Business deals with:  a. Labor Organization
P.O. Box, Bldg., Room No., if any  Street 4399 Santa Anita Avenue, Sta 200  City El Monte  State California ZIP Code + 4 91731	<ul><li>b. Trust</li><li>c. Employer</li></ul>
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Construction Laborers Trust Funds for So Cal	11.a. Nature of such dealing.  Provides third pally administration services to trust funds
Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street 4399 Santa Anita Avenue, St = 200  City El Monte  State California ZIP Code + 4 91731	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Discussion of Scholandian fund over  Lunch 1-23-04

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	ng trade name, if any).	Nothing to Repor:	
Name None			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
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City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment	

12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the busine 33 of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Associated Third Party Administrators

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

El Monte

State California

ZIP Code + 4 91731

10 If 9 b, or 9 c, is checked give trust or employer's name

Name Construction Laborers Trust Finds for So Cal

Trade Name, if any:

P.O Box, Bldg Room No., if any

Street 4399 Janta Anita Avenue, St a 200

El Monte City

State California

ZIP Code + 4 91731

9 Business deals with:

a Labor Organization

X b Trust

c Employer

11 a Nature of such dealing

Provides third party administration services to trust funds

11 b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Nature of interest hold or income received.

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12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P O. Box, Bldg , Room No , if any

Street

City

State

ZIP Code + 4

13 b Is the Business an Employer

or Consultant

14 a Nature of payment.

Nothing to Report

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the busine  $\,s\,$ of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with: Name Associated Third Party Adm.nistrators a Laboi Organization Trace Name, if any X b Trust P.O. Box, Bldg., Room No., if any c Employer Street 4399 Santa Anita Avenue, Ste .00 El Monte State California ZIP Code + 4 91731 11.a. Nature of such dealing. 10 If 9 b, or 9 c is checked give trust or employe 's name. Provides third barry administration services to Name Construction Laborers Trust Finds for So Cal trust funds Trade Name, if any: P O Box, Bldg Room No., if any Street 4399 Santa Anita Avenue, St : .30 11 b. Approximate dollar value of such dealing. City El Monte 12.a Nature of interest held or income received. ZIP Code + 4 91731 State California Discussion it Compount Systems over hunch 12.b. Amount.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) ii substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the busine is of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with. Name Associated Third Party Administrators a Labor Organiz trion Trade Name, if any 🗶 b Trust P.O. Box, Bldg., Room No., if any c Employer Street 4399 Santa Anita Avenue, Ste 200 El Monte City State California ZIP Code + 4 91731 11.a Nature of such cleaning 10 If 9 b. or 9.c. is checked give trust or employer's name. Provides third para administration services to Name Construction Laborers Trust Funds for So Cal trust funds Trade Name, if any: P.O. Box, Bldg. Room No, if any Street 4399 Santa Anita Avenue, Ste 236 11 b. Approximate dollar value of such dealing. El Monte 12.a. Nature of interest held or income received. State California ZIP Code + 4 91731 Discussion or Componental

<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any)</li> </ol>		14.a Nature of payment.  Nothing to Report
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12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary was substantial part of which consists of buying from selling or easing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busine is dively seeking to represent or indirectly to, or otherwise
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10. If 9.b. or 9 c is checked give trust or employer's name.  Name Construction Laborers Trus' Funds for So Cal  Trade Name, if any:  P O Box, Bldg Room No , if any	11.a Nature of such dealing.  Provides third pary administration services to trust funds
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13.a. Name and address of Employer or Labor Relations Consultant		14.a Nature of payment
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12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the busine of of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8. Name and address of Business (including trade name, if any) 9 Business deals with: Name Associated Third Party Administrators a Labor Organization Trade Name, if any X b Trust P.O. Box, Bldg , Room No , if any c Employer Street 4399 Santa Anita Avenue, Ste 200 El Monte City State California ZIP Coce + 4 91731 11.a Nature of such dealing. 10. If 9.b. or 9 c is checked give trust or employer's name Provides third party administration services to Name Construction Laborers Trust Funds for So Cal trust funds Trade Name, if any: P O Box, Bldg Room No., if any Street 4399 Janta Anita Avenue, St a . 03 Coult for all 11 b. Approximate dollar value of such dealing. El Monte 12.a. Nature of interest held or income received, ZIP Cole + 4 91731 Discussion it solvantly golf formament and solf outing State California 70,35 12.b. Amount.

<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>		14 a Nature of payment  Nothing to Report
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11 b. Approximate dollar value of such dealing.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Nothing to Report Name None Trade Name, if any: P.O. Box, Bldg Room No., if any Street City ZIP Coce + 4 State 14 b. Amount of payment 2 13 b Is the Bus ness an Employer or Consultant

Street 4399 Janta Anita Avenue, St 3 200

ZIP Code + 4 31731

El Monte

State California

Name of Person Filing Henry Rodrigue:	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represen , oi directly to, or otherwise
8 Name and acdress of Business (including trade name, lany) Name Associated Third Party Adminitrators  Trade Name, it any: P O Box, Bldg , Room No , if any Street 4399 Santa Anita Avenue, Ste 200 City El Monte State California ZIP Code + 4 91731	9 Business deals with  a Labor Organization  X b Trust  c Employer
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Street 4399 Janta Anita Avenue, St 3 200  City El Monte	11 b. Approximate dollar value of such dealing.  12.a. Nature of interest he dicrincome received.
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13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)		14.a Nature of payment.  Nothing to Report	
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Trade Name, it any:

P.O Box, Bldg , Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

El Monte City

State California

ZIP Code + 4 91731

10. If 9.b. or 9.c. is checked give trust or employer's name

Name Construction Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Sta 200

El Monte

State California

ZIP Code + 4 91731

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X b Trust

c Employer

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11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

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12.b, Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

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14.a. Nature of payment.

Nothing to Report

Name None

Trade Name, if any:

P.O. Box, Bldg. Room No., if any

Street

City

State '

ZIP Code + 4

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14 a Nature of payment.

Nothing to Report

Name None

Trade Name, if any:

P.O. Box, Bldg Room No., if any

Street

City

State

ZIP Code + 4

13 b Is the Business an Employer

or Consultant

14 b. Amount of payment

## ADDEMDUM A [MEAL/EVENTS WITHOUT SPECIFIC RECORD OR RECOLLECTION]

It is not conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

August 12, 2005

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

## Re: Form LM-30 Filing for Henry N. Rodriguez

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Henry Rodriguez